

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-903001

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JAN 21 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u>		c. CITY OR TOWN <u>Moberly</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>606 Burkholder St</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Herman Anselm Steinkamp</u>		4. DATE OF DEATH Month Day Year <u>1/13/63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/10/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Machinest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
13a. FATHER'S NAME <u>Herman Steincamp</u>		13b. MOTHER'S MAIDEN NAME <u>Anna</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>SA Mrs. Henry Schumann Moberly Mo</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Steinkamp</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerosis Dis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>[REDACTED]</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[REDACTED]</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[REDACTED]</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[REDACTED]</u>	20f. CITY, TOWN, OR LOCATION <u>Moberly</u>
21. I attended the deceased from <u>Dec 1962</u> to <u>Jan 13/1963</u> and last saw her alive on <u>1/13/63</u> Death occurred at <u>1 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>121 S Wm. Moberly Mo</u>	
22a. SIGNATURE <u>[Signature]</u>		22c. DATE SIGNED <u>1/15/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	23d. LOCATION (City, town, or county) <u>Moberly Missouri</u>
24. FUNERAL DIRECTOR <u>Million &amp; Greer Moberly, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 16-1963</u>	
26. REGISTRAR'S SIGNATURE <u>W. Earl White</u>			

JAN 25 1963

MAR 7 1963

FEB 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Greer

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Obituary Standard 1-16-63 2024